

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS82AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/05/2010
NAME OF PROVIDER OR SUPPLIER BEST CARE FACILITY 1			STREET ADDRESS, CITY, STATE, ZIP CODE 720 S NINTH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an follow-up State Licensure survey conducted in your facility on 8/5/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category I residents. The census at the time of the survey was ten. Ten resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000			
Y 072 SS=E	<p>449.196(3) Qualifications of Caregiver-Med Training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with</p>	Y 072			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 2 and FBI background check, #3 - failed to have a copy of the fingerprints in the file, and #4 - failed to have evidence of a signed criminal history statement, state and FBI background checks). This was a repeat deficiency from the 2/2/10 State Licensure survey. Severity: 2 Scope: 3	Y 105			
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 8/5/10, the facility failed to ensure the premises were clean and well maintained. Findings include: Bedroom #7 - the window was missing a screen, the light switch did not function properly. Bedroom #5 - the door was broken. Bedroom #4 - the window screen was missing. Severity: 2 Scope: 1	Y 178			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service	Y 255			

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Y 255	<p>Continued From page 3</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 8/05/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1. Critical Violations:</p> <p>a. Raw eggs were stored over ready-to-eat foods, such as salad, grapes and bread, in the reach-in refrigerator.</p> <p>b. The person-in-charge of the kitchen was not food safety certified at the time of the inspection.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Multiple food items were not properly labeled or dated within the reach-in refrigerators and dry storage area.</p>	Y 255			

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Y 255	Continued From page 4 b. There was no thermometer for monitoring the cooking and holding temperatures of potentially hazardous foods. c. Frozen beef was observed improperly thawing on the 3-compartment sink drainboard. d. A case of drinking water was stored on the floor underneath the handsink. e. The food preparation worker was not wearing a hair restraint. f. Single service containers, such as empty margarine containers and empty cans, were being reused for the storage of other foods, such as sugar, rice, and flour. 3. Equipment and Maintenance Issues: a. There was a household-grade rice cooker in the kitchen. Severity: 2 Scope: 3	Y 255			
Y 876 SS=D	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.	Y 876			

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Y 876	Continued From page 5 This Regulation is not met as evidenced by: Based on record review and interview on 8/5/10, the facility failed to ensure that 2 of 10 residents medications were at a maintenance level (Resident #1 - Clonidine hold for blood pressure greater than 160/90, and #8 - Metoprolol hold for blood pressure less than 110/55). Severity: 2 Scope: 1	Y 876			
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation on 8/5/10, the facility failed to ensure the resident's files were kept in a locked place protected from unauthorized use (the resident's files were kept in an unlocked filing cabinet in the family room). Severity: 1 Scope: 3	Y 930			

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Y 936	Continued From page 6	Y 936			
Y 936 SS=D	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/5/10, the facility failed to ensure 2 of 2 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4 - no two step TB test (or admitting signs and symptoms) and #8 - no second step TB test).</p> <p>This was a repeat deficiency from the 2/2/10 State Licensure survey.</p> <p>Severity: 2 Scope: 1</p>	Y 936			

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